

**IL HIE Medicaid Work Group
Meeting Notes
February 24, 2014**

Attendees (by phone):

Dave Barnes	Department of Healthcare and Family Services
Julie Bonello	Access Community Health
Pat Borrowdale	Pediatric Health Associates
Kelly Carter	Illinois Primary Health Care Association
Emily Fisher	Lurie Children's Hospital
Peter Ingram	Sinai Health System
Wyona Johnson	Department of Healthcare and Family Services
Patrick Kathmann	Lurie Children's Hospital of Chicago
Phillip McCann	Illinois Health Information Technology Regional Extension Center
JoAnn Spoor	Illinois Hospital Association (IHA)
Jeff Todd	Department of Healthcare and Family Services
Theresa Walunas	Chicago Health Information Technology Regional Extension Center
Eric Watson	Department of Healthcare and Family Services
Amber Wolfe	Access Community Health

EHR/PIP Status Update

Dave Barnes gave an update on the increase of payments from the Electronic Health Records (HER) incentive program to the hospitals. To date, 116 hospitals have been paid, and \$62 million was paid out in 2013. To date, a total of \$250 million has been paid to hospitals from this program.

The first issue discussed dealt with the National Provider Identification Number (NPI). **Julie Bonello** reported that there were eighteen providers that had the incorrect payee information listed. **Eric Watson** reported that he is working with staff from federal Centers for Medicare and Medicaid Services to resolve this issue. No other providers have incurred this issue.

Wyona Johnson mentioned that there had been a resolution to the "multiple letters" problem discussed on the last work group call.

Year 3 Attestation Process

Another issue discussed is the large group of physicians who haven't started the attestation process. **Wyona Johnson** said that HFS will send a reminder to those providers. What prompted the discussion of

that was about the attestation system and that it will be unavailable on March 28th from 6:00 pm until 12:00 pm to load the new application for 2014. HFS will also remind providers of this.

Theresa Walunas stated that she and Roger Holloway had discussed how to reach out to providers including some of the more obvious reminders such as penalties, certifications and deadlines, without over messaging. They are trying to think of ways to raise awareness of the help desk, and are always happy to get suggestions.

Jeff Todd said that HFS is currently in the process of preparing a notification to send to providers clarifying and raising their awareness of the Medicare issue and the pending penalties that will occur for not meeting Meaningful Use (MU) by the deadlines. **JoAnn Spoor** said that she will ask the IHA staff person who handles Medicare to prepare information to send to providers regarding the Medicare issue.

The group discussed the American Medical Association letter to Secretary Sebelius asking her to reconsider the deadline for ICD-10, and that there was also a reference to EHR, but it is unclear whether the letter asked for both deadlines to be pushed back.

The group discussed the importance of gathering information as to where people are in terms of getting compliance software deployed. The RECs included a question on a survey to providers to find out that information which would ask when they are getting the 2014 upgrade, and explain that they have to have the upgrade even if they are going to attest in Stage 1. The survey will be sent out soon and the aggregate data from the survey can be made available to the group.

There was concern from Lurie Children's Hospital about how to meet measures. It was explained that at Stage 1, it is allowed to meet a measure simply by claiming an exclusion. In Stage 2 the philosophy was changed somewhat. If you can't meet a measure, CMS would prefer you select another measure you can meet. It is still possible to claim an exclusion if there are no other measures you can meet (when selecting five Menu Set measures, for example, to claim one exclusion you would essentially be claiming six exclusions).

Emily Fisher asked if the reporting period for 2014 Clinical Quality Measures for Stage 1 and Stage 2 is 365 days or will it be for a single quarter. **Dave Barnes** responded that the reporting period for 2014 Meaningful Use is 90 days.

Meeting adjourned. The next call is scheduled on March 10th.